

Entered -07-19-00 - sb
CL 00L0448 - GWENDOLYN BURNS

CLAIM OF: DEREK N. MARKS
1231 Druid Knoll Drive, NE
Atlanta, Georgia 30319

00-*R*-1741

For vehicular damages alleged to have been sustained from a construction cut that was left open and in an unsafe condition on May 19, 2000 at 4040 Peachtree Dunwoody Road, NE.

THIS ADVERSED REPORT IS APPROVED

BY:



ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0448

Date: October 18, 2000

Claimant /Victim DEREK N. MARKS
BY: (Atty) (Ins. Co.) _____
Address: 1231 Druid Knoll Drive, NE, Atlanta, Georgia 30319-4109
Subrogation: _____ Claim for Property damage \$ 719.07 Bodily Injury \$ _____
Date of Notice: 07/12/00 Method: Written, Proper X Improper _____
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence 05/19/00 Place: 4040 Peachtree Dunwoody Road, NE.
Department _____ Division _____
Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: Claimant alleges that his vehicle sustained damage when he drove over a construction cut in the roadway that was not properly covered and left in an unsafe condition. An investigation determined that United Water Services Atlanta performed work at the incident location. The claimant's claim has been forwarded and resolved by United Water Services Atlanta.

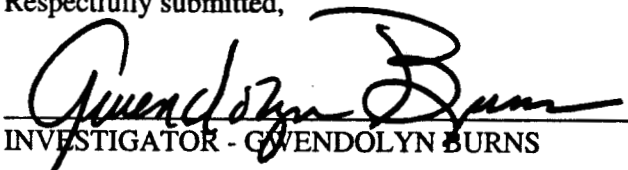
INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____
Pictures _____ Diagrams _____ Reports: Police _____ Dept Report _____ Other X
Traffic citations issued: City Driver _____ Claimant Driver _____
Citation disposition: City Driver _____ Claimant Driver _____

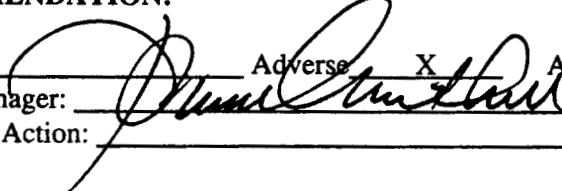
BASIS OF RECOMMENDATION:

Function: Governmental _____ Ministerial _____
Improper notice _____ More than Six Months _____ Other X Damages reasonable _____
City not involved X Offer rejected _____ Compromise settlement _____
Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____
Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

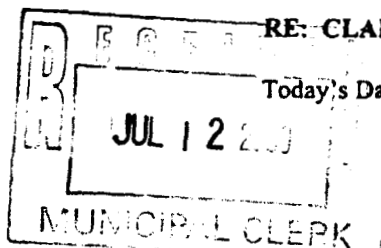
Respectfully submitted,


INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____
Claims Manager:  Concur/date 10-20-00
Committee Action: _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335



RE: CLAIM FOR DAMAGES

Today's Date: 6/27/2000

ENTERED - 7-19-00 - SB
00LO448 - GWEN BURNS

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 719.07 property and/or \$ 0.00 bodily injury for which I contend the City is liable.

1. Date of incident: 5/19/2000 2. Time of Incident: 7 PM 3. Police called: X
(month/day/ year) Yes No
4. Location of incident (including street address): 4040 Peachtree Dunwoody Road NE, Atlanta, GA 30319
5. Name of your insurance company: State Farm Insurance Policy No. T59 0515-E04-11
6. State what and how incident occurred: I was traveling south on Peachtree Dunwoody Friday evening about 7PM. Directly in front of the driveway there was a 3' x3' cut out in the road. I could not avoid this ditch. After hitting the ditch the impact produced a large bulge on the side of the tire. The following day I came back to the location to get the location information. A patrol officer was helping another car which struck the same ditch and instructed me who to contact about the incident.
7. **ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!**
8. **The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).**

Your vehicle:	<u>Acura</u>	<u>1993</u>	<u>DMARKS</u>	<u>Derek N Marks</u>
	(Make)	(Year)	(Tag Number)	(Driver's Name)
City vehicle:	<u>N/A</u>			
	(Make)	(City Driver's Name)		(Department/Bureau)
	<u>N/A</u>			
9. Witness: N/A
(Name) (Address) (Telephone Number)
10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).
11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE
INFORMATION IS TRUE AND CORRECT.

Signature of Claimant

Derek N Marks

(Print Claimant's Name)

1231 Druid Knoll Drive, NE

(Address)

Atlanta, GA 30319-4109

(City, State and Zip Code)

404-843-7757

(Work Number)

404-982-0300

(Home Number)

00-R-1741